

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P.O. BOX 898, JEFFERSON CITY, MO 65105-0898 (573) 751-2326 TDD 1-800-735-2966

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	INSTITUTION TAX CREDIT/REFUND	(REV. 12-2001)						
NAME OF FINAI	NCIAL INSTITUTION		E	BANK	[☐ RE	FUND	
					[☐ CR	EDIT	
MAILING ADDRESS			☐ CREDIT INSTITUTION					
			 □ s	SAVINO	GS & LO	DAN		
CITY, STATE, Z	IP CODE			CREDI	T UNIO	N		
PLEASE	COMPLETE THE FOLLOWING INFORMATION.							
1.	For taxable year based on the calendar year inco	ome period						
2.	Amount of tax paid; dates of payments:			2				
3.	Amount to be credited or refunded		L	3				
REASON F	FOR OVERPAYMENT							
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I declare this claim and any attached information supporting the claim is true, complete, and correct.								
SIGNATURE OF	FOFFICER	TITLE					DATE	

FORM 1141	P/	AGE 2
I certify that an examination of the records of the Department of Revenue, shows the following facts related to t	this claim:	
REPRESENTATIVE, MISSOURI DEPARTMENT OF REVENUE		
1. AMOUNT CLAIMED		
2. AMOUNT ALLOWED		
3. AMOUNT REJECTED		
INSTRUCTIONS		
 The claim must set forth in detail each ground upon which it is made, and facts sufficient to apprise the D exact basis thereof. 	irector of Revenue c	of the

- 2. The claim should be sworn to by the taxpayer, if possible. Whenever it is necessary to have the claim executed by an attorney or agent, on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such agent or attorney to sign the claim on behalf of the taxpayer shall accompany the claim.
- 3. Where the taxpayer is a corporation, the claim shall be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation.